

APR 22 1937

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County Newton
Township Seneca
City Seneca (No.)

Registration District No. 611
Primary Registration District No. 5812

File No. 12804
Registered No.

2. FULL NAME

Edgar B Buchanan
(a) Residence, No. St. Ward.
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OF RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF Mrs Dicie Buchanan (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 28 - 1858

7. AGE YEARS 78 MONTHS 5 DAYS 20 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ark13. NAME Riley Buchanan14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont know15. MAIDEN NAME Dont know16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont know17. INFORMANT Mrs Dicie Buchanan (ADDRESS) Seneca mo18. BURIAL, CREMATION, OR REMOVAL PLACE Seneca mo DATE Mar 19 193719. UNDERTAKER Norman C. Mitchell (ADDRESS) Seneca mo20. FILED 4/10 1937 Merle Bradin Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 18 1937

22. I HEREBY CERTIFY, That I attended deceased from 3-1, 1937, to 3-18, 1937

I last saw him alive on 3-18, 1937. Death is said to have occurred on the date stated above, at 1:50 a.m.

The principal cause of death and related causes of importance were as follows:

Voluntary Hecemery of Heart
Date of onset

Other contributory causes of importance:

Influenza

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury 19.....

Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury mur

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. E. Zamard M. D.(Address) Seneca mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

